

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_\_ District of \_\_\_\_\_

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 105**

**Involuntary Petition Against an Individual**

12/15

Use this form to begin a bankruptcy case against an individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against a Non-individual* (Official Form 205). Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write name and case number (if known).

**Part 1:** Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

**1. Chapter of the Bankruptcy Code**

Check one:

- ☐ Chapter 7  
☐ Chapter 11

**Part 2:** Identify the Debtor

**2. Debtor's full name**

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Last name \_\_\_\_\_

Suffix (Sr., Jr., II, III) \_\_\_\_\_

**3. Other names you know the debtor has used in the last 8 years**

Include any assumed, married, maiden, or trade names, or *doing business as* names.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Only the last 4 digits of debtor's Social Security Number or federal Individual Taxpayer Identification Number (ITIN)**

☐ Unknown

XXX - XX - \_\_\_\_\_

OR

**9** XX - XX - \_\_\_\_\_

**5. Any Employer Identification Numbers (EINs) used in the last 8 years**

☐ Unknown

EIN \_\_\_\_\_ - \_\_\_\_\_

EIN \_\_\_\_\_ - \_\_\_\_\_

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**6. Debtor's address**

**Principal residence**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Principal place of business**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Mailing address, if different from residence**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**7. Type of business**

☐ Debtor does not operate a business

*Check one if the debtor operates a business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**8. Type of debt**

**Each petitioner believes:**

- ☐ **Debts are primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ **Debts are primarily business debts.** *Business debts* are debts that were incurred to obtain money for a business or investment or through the operation of the business or investment.

**9. Do you know of any bankruptcy cases pending by or against any partner, spouse, or affiliate of this debtor?**

- ☐ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_
- District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_
- MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship \_\_\_\_\_
- District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_
- MM / DD / YYYY

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 3:** Report About the Case

**10. Venue**

*Check one:*

Reason for filing in this court.

- ☐ Over the last 180 days before the filing of this bankruptcy, the debtor has resided, had the principal place of business, or had principal assets in this district longer than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.
- ☐ Other reason. Explain. (See 28 U.S.C. § 1408.) \_\_\_\_\_

**11. Allegations**

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

*At least one box must be checked:*

- ☐ The debtor is generally not paying such debtor's debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
- ☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

**12. Has there been a transfer of any claim against the debtor by or to any petitioner?**

- ☐ No
- ☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

**13. Each petitioner's claim**

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
		\$ _____
_____		\$ _____
_____		\$ _____
Total		\$ _____

If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.

Debtor \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 4:** Request for Relief

Petitioners request that an order for relief be entered against the debtor under the chapter specified in Part 1 of this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioners declare under penalty of perjury that the information provided in this petition is true and correct. Petitioners understand that if they make a false statement, they could be fined up to \$250,000 or imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571. If relief is not ordered, the court may award attorneys' fees, costs, damages, and punitive damages. 11 U.S.C. § 303(i).

**Petitioners or Petitioners' Representative**

**X** \_\_\_\_\_

Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name of petitioner

Date signed \_\_\_\_\_  
MM / DD / YYYY

**Mailing address of petitioner**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**If petitioner is an individual and is not represented by an attorney:**

Contact phone \_\_\_\_\_

Email \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Attorneys**

**X** \_\_\_\_\_

Signature of attorney

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Date signed \_\_\_\_\_  
MM / DD / YYYY

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Debtor \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**x**

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name of petitioner

Date signed \_\_\_\_\_  
MM / DD / YYYY

**Mailing address of petitioner**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**x**

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Date signed \_\_\_\_\_  
MM / DD / YYYY

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

**x**

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name of petitioner

Date signed \_\_\_\_\_  
MM / DD / YYYY

**Mailing address of petitioner**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

**x**

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Date signed \_\_\_\_\_  
MM / DD / YYYY

Contact phone \_\_\_\_\_ Email \_\_\_\_\_